

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/27/2018
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NAME OF PROVIDER OR SUPPLIER LOURDES COUNSELING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1175 CARONDELET DRIVE RICHLAND, WA 99352
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>Onsite date: 11/27/18 Examination number: 2018-12640 Intake number: 81111</p> <p>The visit was conducted by: Marcia Cook, MN, MS, RN Institutional Nursing Consultant and Health Care Facilities Complaint Investigator</p> <p>It was discovered during the Entrance Conference that this issue and specific allegation had been previously investigated by an investigator from the Residential Treatment Facility Team of the Department of Health.</p> <p>The psychiatric hospital investigation was aborted.</p> <p>See Case Number 2018-12641 and resulting Statement of Deficiency as investigated and determined by the Residential Treatment Facility team on October 11, 2018.</p>	L 000		

State Form 2567 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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